

NEW JERSEY STATE USING AGENCY FORMAL COMPLAINT REPORT	Date Received		Complaint Code No.	
	STATE OF NEW JERSEY • DEPARTMENT OF THE TREASURY DIVISION OF PURCHASE AND PROPERTY CONTRACT COMPLIANCE & ADMINISTRATION UNIT			

Complaint Code No.

STATE OF NEW JERSEY • DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY
CONTRACT COMPLIANCE & ADMINISTRATION UNIT

INSTRUCTIONS TO STATE AGENCIES: Please type or print. Complete Sections 1 to 5 below. Retain Pink copy for your records. Submit White Original and Canary Copy to Division of Purchase and Property, Contract Compliance, PO Box 039, Trenton, NJ 08625-0039. **DO NOT FORWARD COMPLETED FORM TO VENDOR.**


<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">1</div> NAME AND ADDRESS OF AGENCY <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">PERSON TO CONTACT</div> <div style="width: 45%;">TELEPHONE NO.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"></div> <div style="width: 45%;">FAX NO.</div> </div>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">2</div> NAME AND ADDRESS OF VENDOR <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">PERSON TO CONTACT</div> <div style="width: 45%;">TELEPHONE NO.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"></div> <div style="width: 45%;">FAX NO.</div> </div>		
<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">3</div> PURCHASE AUTHORIZATION Document Type: _____ <input type="checkbox"/> Contract No. _____ <input type="checkbox"/> Order No. _____ <input type="checkbox"/> Other: _____ Commodity Code No. _____ <input type="checkbox"/> Enter Total Cost of Commodity or Service: \$ _____	<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">4</div> CHECK NATURE OF COMPLAINT(S) <input type="checkbox"/> Late Delivery/No Delivery <input type="checkbox"/> Product/Service does not meet specifications <input type="checkbox"/> Unsatisfactory Service or Product <input type="checkbox"/> Incorrect Price <input type="checkbox"/> Overage/Shortage <input type="checkbox"/> Non/Poor Performance <input type="checkbox"/> Other: _____		
<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">5</div> AGENCY REPORT <i>(Give detailed explanation and attach additional sheets if necessary. Please type):</i> <div style="text-align: right; margin-top: 20px;"> <input type="checkbox"/> Check here if continued on separate sheets. </div>			
<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">SUBMITTED BY</div> <i>(Print or Type)</i>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">NAME</div>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">TITLE</div>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold; text-align: center;">DATE</div>

VENDOR'S REPORT

INSTRUCTIONS TO VENDOR: Please print or type. Respond to Agency Report above including corrective action to be initiated. Attach additional sheets if necessary. Retain Canary Copy for your records and return White Original to Division of Purchase and Property, Attn: Contract Compliance, PO Box 039, Trenton, NJ 08625-0039.

☐ Check here if continued on separate sheets.

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SUBMITTED BY <i>(Print or Type)</i>		NAME	TITLE	DATE
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